

CLAIMS ONLY

Application Number:

"Filling" Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED 6/2/19		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33		1				
34		1				
35		1				
36		1				
37		1				
38		1				
39		1				
40		1				
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
Total	1					
Indep						
Total	36					
Depend						
Total	37					
Claims						